



Department of Urban Planning and Redevelopment

BUILDING CODE SERVICES DIVISION

955 S. Federal Highway • Fort Lauderdale, Florida 33316 • www.broward.org/building

2004 FLORIDA BUILDING CODE IN EFFECT Folio # Zone						
Lot	_ Block	Subdivision				
Type of Work:	☐ Addition	☐ Alteration	☐ New	☐ Repair	☐ Demolition	
Describe						
Purpose: S	ub-Permit [☐ Water Services	☐ Bacl	flow Installation	☐ Backflow Recertification	
☐ Water Heate	rs 🗌 Irrigatio	n System 🗌 Sewe	er Hookup 〔	☐ Gas ☐ Fire S	prinkler Other	
Estimated Job	Value \$					
Job Name						
Address						
City					ZIP Code	
Owner's Name	!					
Address						
City			ZIP C	ode	Phone	
Contracting Fi	rm					
Address						
City			ZIP C	ode	Phone	
Cellular Phone	Number		Fax Number			
Architect/Engi	neer					
Address						
City			ZIP C	ode	Phone	
Present Use _			Proposed Use			
Number of: S	tories	BaysFa	milies	Bedrooms	Bathrooms	

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Bonding Company			
Address			
City	ZIP Code	Phone	
Mortgage Lender's Name			
Address			
City	ZIP Code	Phone	
Fee Simple Titleholder's Name			
Address			
City	ZIP Code	Phone	
Application is hereby made to obtain a permit to do the wo has commenced prior to the issuance of a permit and that a construction in Broward County, Florida. I understand that a WORK, SIGNS, WELLS, POOLS, FURNACES, BOILERS	all work will be performe a separate permit must b	d to meet the standards of all laws regulating be secured for STRUCTURAL, ELECTRICAL	
OWNER'S AFFIDAVIT: I certify that all the foregoing inform applicable laws regulating construction and zoning.	ation is accurate and th	at all work will be done in compliance with al	
"NOTICE: In addition to the requirements of this permit, the be found in the public records of this county, and there may as water management districts, state agencies or federal as	be additional permits re		
WARNING TO OWNER: YOUR FAILURE TO RECORD A TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. II LENDER OR AN ATTORNEY BEFORE RECORDING YOU	F YOU INTEND TO OB	TAIN FINANCING, CONSULT WITH YOUR	
Signature:	Signature:		
Owner or Agent (including Contractor)		Qualifier	
Printed Name of Owner		Printed Name of Qualifier	
Date	Date		
NOTARY as to Owner		NOTARY as to Qualifier	
My Commission Expires	My Commiss	My Commission Expires	
Certificate of Competency Holder			
State Certificate or Registration No			
Certificate of Competency No			
Application Issued by	Permit Off	icor	
	Ferrin Off	IU C I	

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